

Each camper must have a separate form!

## CUB SCOUT DAY CAMP "CUB" REGISTRATION

**\*\*\* Annual BSA Health & Medical Records Parts A&B MUST accompany EACH Registration \*\*\***

### PARTICIPANT INFORMATION:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Rank/Grade just completed: ☐ Tigers(1<sup>st</sup>) ☐ Wolf(2<sup>nd</sup>) ☐ Bear (3<sup>rd</sup>) ☐ Webelos (4<sup>th</sup>)

Pack # \_\_\_\_\_ T-shirt size: ☐ YS ☐ YM ☐ YL ☐ AS ☐ AM ☐ AL ☐ AXL ☐ A2X ☐ A3X

Each camper gets 1 shirt if registered by May 21<sup>st</sup>. Extras are \$10, if available.

Extra t-shirts? \_\_\_\_\_ X \$10 = \_\_\_\_\_

### PARENT INFORMATION:

Parent's Names: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Dad's cell: \_\_\_\_\_

Emergency Contact other than Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any/all special physical, mental, and/or emotional needs:

\_\_\_\_\_  
\_\_\_\_\_

### Fees:

- ☐ \$65 if turned in by May 16<sup>th</sup>
- ☐ \$70 after May 20<sup>th</sup>
- ☐ \$10 additional t-shirt fee (optional)

### Forms:

- ☐ Registration Form
- ☐ BSA Health Form A&B

**MAKE CHECKS PAYABLE TO CIRCLE 10 COUNCIL**

### Camp Director:

Sarah Kirchmann 817-521-0134 [sarahkirchmann@yahoo.com](mailto:sarahkirchmann@yahoo.com)

Please turn forms into your Pack Coordinator before May 20<sup>th</sup> for the Early Bird Discount!

BE PREPARED to have lots of fun!!

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## **CUB SCOUT DAY CAMP "Me-Too" REGISTRATION**

**\*\*\* Annual BSA Health & Medical Records Parts A&B MUST accompany EACH Registration \*\*\***

### **PARTICIPANT INFORMATION:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Pack # (of Scout) \_\_\_\_\_

T-shirt size: ☐ YS ☐ YM ☐ YL ☐ AS ☐ AM ☐ AL ☐ AXL ☐ A2X ☐ A3X

Each camper gets 1 shirt if registered by May 21<sup>st</sup>. Extras are \$10, if available.

Extra t-shirts? \_\_\_\_\_ X \$10 = \_\_\_\_\_

**Parent/Guardian MUST be Volunteering AND on premises in order for Me-Too to participate!**

### **PARENT INFORMATION:**

Parent's Names: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Dad's cell: \_\_\_\_\_

Emergency Contact other than Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any/all special physical, mental, and/or emotional needs:

\_\_\_\_\_  
\_\_\_\_\_

### **Fees:**

- ☐ \$25 9-13 girls
- ☐ \$15 0-8 boys/girls
- ☐ \$10 additional t-shirt fee (optional)

### **Forms:**

- ☐ Registration Form
- ☐ BSA Health Form A&B

**MAKE CHECKS PAYABLE TO CIRCLE 10 COUNCIL**

### **Camp Director:**

Sarah Kirchmann 817-521-0134 [sarahkirchmann@yahoo.com](mailto:sarahkirchmann@yahoo.com)